| From (Person) Estimated Cost | 1 .) ' | ASSIG | 1603587/D NMENT (Office) FCI | Vd307 posial featuration. Date/Tune: 5 | 24pm@26/2/19 |
|-----------------------------------|----------------|-----------------|------------------------------------|--|--------------|
| OD (IP) WS To Inspect Veh | TP RES / OD R | ES/EVA/INV/M | | | |
| at Workshop in | | FBD32 | | Insured: SHC 7 | |
| | | 59981 | notor | Tel: 6452 48 | 98 |
| OI | SIK 4001, | tmk Ind. Par | k 1 #01-2 | | |
| Policy No: | | | Claim No: | D19001165MFS | # : |
| Sum Insured: | | | Excess: | | |
| Make of Veh: (Client's Record) | | | | D.O.A. 1412 | 12019 |
| CA / REV / | REP. / REV 241 | (DS) | | | |
| Date/Time: 11:0 | o6cm@ 26/2 | Person Contacte | d Rose | H.O.D. Endorsement Vehicle AN/OUT | |
| | | () Estima | | | - |
| | FBD 3299 | | wife | | |
| | 81167128 |)-02/FC1/3 | 014998/KW | 12 DIA: | 16/6/13 |
| | | | | | |
| - | | | | | |

| | | | Vehicle: IN / OUT | JAON | 1. | | |
|--------------------|-------------|--------------|--|-------------------|----------------|----------------|---------------------------|
| Date: | Perso | n Contacted: | | The U/C / Chass | sis frame / Bo | dy Structure a | affected due to collision |
| Date / Time | Action / In | | | | | | |
| | Pirst | Capital | 84C 7128L | | | | |
| | | | | | | | |
| Note: | | 10K | | 0 0 1/1W | 0010 | | |
| | | 3.36 | RECEIV | ED 2 2 MAY | 2019 | | |
| | HL | 6.7K | HANNE HER PROPERTY OF THE PROPERTY OF | | | | |
| \ | 1 | | | 3 | | | |
| 01/05/19 | hn | m 1 | 5. 250011 | - S days | 7 /w | - (Red | 1332,3579 |
| | U | | in the same of the | | | 2. 17. mile | |
| Date/Time, File Pa | ss to? | : Preli. Rep | ort [| Days Of Repair: | .3 | | |
| | - | = | | Denumina No. of T | | Currey E | 120 |

GINVALLE

Estimated Cost

To Inspect Vehicle No:

at Workshop m/s

From

of

Insured

Policy No.

Claims No.

Sum Insured:

Make of Veh:

(Client's Record)

(Policy Condition)

Bal. or Market Value:

IDAC Accident Rport:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

| Date/Time, File Pass to? | : Preli. Report | Day | s Of Repair: 3 | | |
|----------------------------|-----------------|----------|--------------------|-----------------|-------|
| 1) | : Final Report | Res | urvey No. of Trip: | Survey Fee: | 130 |
| Date/Time, File Return to? | | | | Transportation: | 50 |
| 2) >> 5- typist | | Add Fee: | : Site Insp (\$ |)S+RS,SI | 50+50 |
| F 31 | | | : Interview (\$ |) Photos | 39 |
| Report Format ; | cws | | : Tech. Invs (\$ |) Others | |
| Lump Sum / I.B.I: (\$ | 2500/2 |) | : Weekend (\$ |) | |
| | | | | LATOT | 319 |



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

18-02-2019

Our Ref No. D19001165MFSH

Accident Date

14-02-2019

Claim Type. Third Party

Insured Vehicle

SHC7128J

Third Party Vehicle. FBD3299R

Survey Location

BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21

Contact Person.

ROSE

Contact No.

64524898/91711655

Fax No. 64524868

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc: Workshop

SG 98 MOTOR PTE LTD

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

HENRY KAO

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | 1000000 | |
|--|-------------------|--|
| Owner ID Type: | Singapore NRIC | |
| Owner ID: Vehicle Details | 2406C | |
| Vehicle No.: | FBD3299R | |
| Vehicle to be Exported: | Yes | |
| Intended Deregistration Date: | 13 May 2019 | |
| Vehicle Make: | HONDA | |
| Vehicle Model: | CB1000RA | |
| Primary Colour: | Green | |
| Manufacturing Year: | 2008 | |
| Engine No.: | SC60E2010523 | |
| Chassis No.: | ZDCSC60C09F011766 | |
| Maximum Power Output: | • | |
| Open Market Value: | \$12,168.00 | |
| Original Registration Date: | 16 Jan 2009 | |
| First Registration Date: | 16 Jan 2009 | |
| Transfer Count: | 0 | |
| Actual ARF Paid: Intended PARF Rebate Details | \$1,826.00 | |
| PARF Eligibility: | No | |
| PARF Eligibility Expiry Date: | • | |
| PARF Rebate Amount: Intended COE Rebate Details | \$0.00 | |
| COE Expiry Date: | 15 Jan 2029 | |
| COE Category: | D - Motorcycle | |
| COE Period(Years): | 10 | |
| PQP Paid: | \$3,458.00 | |
| COE Rebate Amount: | \$3,344.00 | |
| Total Rebate Amount: | \$3,344.00 | |

The information contained herein is correct as at 13 May 2019

MVA319021178 / VAC - Kaki Bukit ENTRY DATE & TIME: 15/02/2019 12:05 SUBMITTED BY: Norhaini Bte Abdul Majid

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| ACCI | DENT | STAT | \square | ΕN | I |
|------|------|------|-----------|----|---|
| | | | | | |

15/02/2019 12:05 Date Of Report 14/02/2019 20:50 Date Of Accident

WEST COAST FERRY ROAD **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

FBD3299R Vehicle Registration Number

Insured/Policyholder

AYOB BIN OMAR Name Of Registered Owner

S1662406C NRIC No NOEMAIL **Email Address**

(LOCAL) +65-96640364 Mobile Phone No OFFICE-96640364

Alternative Phone No

Vehicle Particulars

HONDA Manufacturer CB1000RA Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY MOTORCYCLE

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5034298868-10 TPFT Policy Number

Cover Note Number

Driver

AYOB BIN OMAR Name of Driver

S1662406C NRIC No 19/04/1964 Date Of Birth **INDOOR** Occupation 13/11/1992 Date Of Driving Pass

26 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96640364 Mobile Number

Fax Number

OFFICE-96640364 Contact Number

NOEMAIL **EMail Address**

Address

BLK 961 #10-578 HOUGANG AVENUE 9

Postcode

530961

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING WEST COAST FERRY ROAD. AS I WAS TRAVELLING STRAIGHT, THERE WAS A TAXI(SHC7128J) IN FRONT ME MADE A STOP AND I ALSO STOP MY M/CYCLE ABOUT 5-6 METRES AWAY. OUT OF A SUDDEN, THE SAID TAXI STARTED TO MAKE A REVERSE AND HIT ONTO THE FRONT OF MY M/CYCLE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC7128J

Vehicle Make/Model/Colour

HYUNDAI 140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
- By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the malling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GiA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Hotter's Signature

4 5 550 0

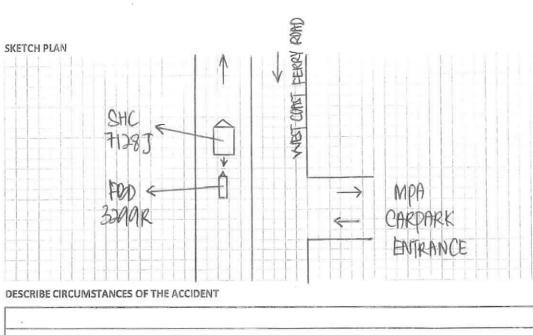
1.5 FEB 2019

Oriver's Signature (If driver is not the policyholder) 23 Kaki BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
REmail: Grack to @singapore.com.se

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DECLARATION

going particulars are true in every respect.

115 FEB 2019

Driver's Signature (If driver is not the policyholder) Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sq

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622 Tel: 6452 4898 Fax: 6452 4868 Email: sg_motor_enterprise@yahoo.com.sg

Date: 27 February 2019

To: LKK

By Fax: 6256-4315

Attn: Bryan Ang Tel: 97237799

VEHICLE NO : FBD 3299R

Honda CB 1000RA

ACCIDENT DATE: 14 February 2019

| Description | Qty | | Quotation \$ | |
|--|------------------------------------|---------------|---|--|
| 1 Front Head Lamp Assy Swatched 2 Front Mudguard hokun | 1 1 | 1780.00 | 1,200.00 | |
| | Sub-Total Less 10% Sub-Total | .602.00 | 1,780.00 178.00 1,602.00 | |
| Nett Items | | | | |
| Towing Fee HH Remove to check fork tube & repress back Labour to remove & replace parts, align & etc | | 06.04C | 50.00 × 1 20.00 80 - 1 50.00 80 - | |
| 4 Putty respray paint | | | 180.00 80 - | |
| | Sub-Total | | 500.00 | |
| LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey NB: This estimate was made from a visual to confirmation Inspection only, any other damage parts or a "Without Prejudice" basis labour require when repair commences rive is allowed will advise you and Submitt supplementary must be resurveyed and item to you accordingly bject to final approval from Insurance Company Acknowledged by Repairer Kindly revert upon completion Thank you Date: | whay, | 2. 145 Why | 2,102.00 3832 1842.00 PP 1305.00 3147.00 MARIEN LS 25 | |
| SG 98 MOTOR PTE LTD | , L/Snn | (| 73 | |

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622 Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 11th March 2019

To: LKK

By Fax:

Attn: Mr Brian

Tel:

VEHICLE NO

: FBD 3299R

Honda CB 1000RA

Qty

ACCIDENT DATE: 14/2/2019

Description

Quotation \$

1,730.00

Suplementary Items

1 Front Fork

2 Under brake bracket

1,450.00

280.00 🗶

Nett Total

1305.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion Thank you

SG 98 MOTOR PTE LTD



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| | | Affiliated to Federation Intern | ationale Des Experts En Autom | obile | | | |
|------|--|--|-------------------------------|------------------------|--|--|--|
| MS I | FIRST CAPITAL IN | ISURANCE LTD | Ref : CS/FCI1900358 | 7/Dvd3e2 | | | |
| | ROBINSON ROAD 01 CITY HOUSES | INGAPORE 068877 | Date: 23-05-2019 Code: FCI2 | | | | |
| 1. | . Policy Particulars :- THIRD PARTY CLAIM | | | | | | |
| | Insured Veh. | SHC 7128J | Veh. Inspected | FBD 3299R | | | |
| | Policy No. | | Coverage (\$) | 0.00 | | | |
| | Claim No. | D19001165MFSH | Excess (\$) | 0.00 | | | |
| | Assign From | HENRY KAO | Assign Date | 26/02/2019 | | | |
| 2. | | Vehicle Pa | articulars & Condition | 建设的 200 图 在他的图片 | | | |
| | Make & Model | HONDA CB1000RA | c.c | 998 | | | |
| | Engine No. | HIDDEN | Year of Reg. | 2009 | | | |
| | Chassis No. | ZDCSC60C09F011766 | Colour | GREEN | | | |
| | Odometer | 106923 | Steering | IN ORDER | | | |
| | Brakes | IN ORDER | Modification | SPORTS RIM | | | |
| | General | GOOD | | | | | |
| 3. | | Con | ditions of Tyres | | | | |
| | | Size | Make | Balance | | | |
| | R/H Front Tyre | 120/70 R17 | METZELER | 3 mm | | | |
| | L/H Front Tyre | | | mm | | | |
| | R/H Rear Tyre | 180/55 R17 | METZELER | 3 mm | | | |
| | L/H Rear Tyre | la l | | mm | | | |
| 4. | | Descri | ption of Damages | | | | |
| | THE VEHICLE SU | STAINED DAMAGES AT THE | FRONT PORTION. | | | | |
| | DAMAGES SEE D | ETAILS. | | | | | |
| 5. | SEPTEMBER 1 | Gen | eral Information | | | | |
| | Accident Date | 14/02/2019 | Inspection Date | 26/02/2019 | | | |
| | Survey held at | SG 98 MOTOR PTE LTD | | | | | |
| | BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622 | | | | | | |
| 5a. | | 2.4 pt 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.200 12.20 | Remarks | | | | |
| | A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | | | |
| 5b. | | Estima | ate Days of Repair | | | | |
| | ESTIMATED NOR | MAL PERIOD FOR REPAIR: | 3 Working Day | s | | | |



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBD 3299R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|--|---------------|-------------------------------|----------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | FRONT HEAD LAMP ASSY | SCRATCHED | 1,200.00 | 1,200.00 |
| 1 | FRONT MUDGUARD | BROKEN | 580.00 | 580.00 |
| | LESS 10% DISCOUNT | | -178.00 | -178.00 |
| | | | 1,602.00 | 1,602.00 |
| 1 | FRONT FORK (ADDITIONAL) | DISTORTED | 1,450.00 | 1,450.00 -145.00 |
| | LESS 10% DISCOUNT | | 1,450.00 | |
| | SPECIAL NETT ITEMS | | | |
| 1 | UNDER BRACKET (SN)(ADDITIONAL) | SERVICEABLE | 280.00 | - |
| | | | 280.00 | - |
| | LABOUR | | | |
| | TOWING FEE. | NOT NECESSARY | 50.00 | - |
| | REMOVE AND CHECK FORK TUBE & REPRESS BACK. | | 120.00 | 80.00 |
| | LABOUR TO REMOVE & REPLACE PARTS, ALIGN & ETC. | | 150.00 | 80.00 |
| | PUTTY & RESPRAY PAINT. | | 180.00 | 80.00 |
| | | | 500.00 | 240.00 |
| | GRAND TOTAL | | 3,832.00 | 3,147.00 |

| RECOMMENDED COST OF LUMP SUM REPAIRS | THE PROPERTY AND | 2,500.00 |
|--------------------------------------|------------------|----------|
| (TO ITS PRE-ACCIDENT CONDITION) | | |

Report Ref No. CS/FCI19003587/Dvd3e2

MARKET VALUE: \$10,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$3,300.00=NETT VALUE: \$6,700.00

ANG BRYAN TANI

Automotive Assessor / Investigator

K.S.

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.